File with: rie win: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Reset Form



FOR INSTRUCTIONS, SEE BACK OF FORM

PRIN MAY IQ AM

Fax: 515-281-4073	DISCLOSURE SU	JMMARY PAGE	ואנוסה	9 AM IO	:01
COMMITTEE NAME (Must b	e same as on Statement of Organiza	tion)	7		
	for Supervisor		1 1 -	ORM OR-2	DISCLOSURE
(1)Statewide/Legislative/Judge	of committee you are reporting for: 5 Standing for Retention Candidate (2)Str 5)County Candidate (6)City Candidate tly PAC (9)City PAC (10)School Board	ate PAC (3)State Party (7)School Board or Other Political	(Eor		
Office Sought Linn County S	VPERVISOR When visor When the control of the cont	Political Party (if applicable) Democratic District (if Senate or House) 2 Int to lowa Code sections 68B.32/ 319 - 848-4598 TELEPHONE	Sca Cor Aux A(7) and 68A	inned inputer dited	
I AM FILING A May	19世 report date)	_ REPORT FOR (1) ELECTION Indicate by	#	LECTION YE	
Check if this is final (terming (You must continue	nation) report and attach Notice of Di to file reports until a DR-3 is filed.)	ssolution Form DR-3.	County & Lo which Electi Linn	ocal Committee on is held	s, enter County in
STATE	MENT OF CASH ON HAND	. 1			
committee This are	nning of the reporting period. (Total of nount MUST be the same as the cast period or must be zero if this is first i	h on hand at the end	\$		0
	Y TAKEN IN THIS PERIOD				- (20 00
Schedule A: Cash	Contributions total (Attach Schedule	A) (*aiso see in-kind below)		6.5	00,00
	Received total (Attach Schedule F).			1,0	00,00
Schedule H: Total	Sales of Campaign Property (Attach	Schedule H)			
(Schedule	H applies to Candidates' Commit	sub-Total	\$	7,5	80.00
SUBTRACT TOTAL	L MONEY SPENT THIS PERIOD			~ 11	10000
Schedule B: Exper	nditures total (Attach Schedule B) (**)	also see debts and loans below;)	<u> 4,4</u>	85.07
	Repayments total (Attach Schedule f				01/00
CASH ON HAND at the end	of this reporting period (if final report	balance must be zero)	\$	<u> 5,0</u>	94.93
**UNPAID BILLS (From Sch	edule D - Attach Schedule D)		\$		/=
*IN KIND CONTRIBUTIONS	(From Schedule E - Attach Schedule	B E)	\$		39.43
	· From Schedule F - Attach Schedule I				00,00
CONSULTANT BREAKDON			-	_YES _	_NO
CANDIDATE COMMITTEES	•				
	OPERTY (From Schedule H - Attach	Schedule H)	\$		
STATE COMMITTEES: Sub	omit a reconciled campaign account i	bank statement in January of ea	ıch year.		

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

ROZINEK For Supervisor

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOME
03/04/08	ID# CK#	Ed Mulholland 2880 Silver Oak Trail Marion, IA. 52302		\$ 500.00	
03/17/08	ID# CK#	Patricia Harstad 3525 Midway Rd. Todduille, JA 52341		100.00	
\$/21/08	ID#	Frank Reynolds 111-1945 Marion, In. 52302		25.00	
03/31/08	ID# CK#	Parky + AL Boeding 3110 Big Bend Rd. ELY, IA. 52221		50.00	
04/01/08	ID#	Mrs. Duane Bolton 4778 N. Marion Rd. Central City, In. 52214		25.00	
04/01/08	ID# CK#	Charles Kress 2745 Heather View Circle Marion, IA. 52302		100.00	
04/01/08	ID# CK#	James Ford 2089 County Home Rd. Marion, IA. 52302		100.00	
04/01/08	ID# CK#	Jeffrey Elgin 6940 Bowman LN. NE Cedar Rapids, JA.		100.00	
04/01/08	CK#	John Vernon 4011 N. Tenks St. Marion, IA. 52302		50.00	
04/01/08	ID# CK#	Warren Stephenson 3400 Lafayelle Rd. Center Point, IA. 52213		50.00	
			SUB-TOTAL	\$ 1,100.00	4

"Obsciosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage)—If summer of contributor is the same as candidate, but there is no tamulat relationship, enter "not applicable" in the relationship column.

Page / of 8

TOTAL (if last page of this schedule)

For	instructions,	See	Back	of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) for Supervisor RozineK

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
٦		CK THIS BOX IF NDING FORM

TO: 15152814073

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE KNWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD//R)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUND- RAISER INCOME
04/01/08	ID# CK#	Sara Dostal 2775 Heather View Circle Marion, In. 52302		\$100,00	
04/01/08	ID# CK#	Dale Slager 3090 Steggals Rd. Springvilles In. 52336		25.00	
04/01/08	(D# CK#	James Lensch 2829 Jordans Grove Rd. Marion, IA. 52302		200,00	
04/02/08	ID# CK#	Larry Bisig 2249 Hutchinson Rd. Coggon, In. 52218		100.00	
04/02/08	ID# CK#	Bonnie Fascher 5680 Huy. 13-P.U. Box 137 Coggon, IA. 52218		20.00	
04/05/08	ID# CK#	Joe Gerst 12700 Linn-Johnson Rd. Amana, IA. 52203		25.00	
04/05/08	ID#	Marilyn Pansegrau 5225 Tower Ter. Rd. Cedar Rapids, IA. 52411		20,00	
04/05/08	ID# CK#	Marvin Kilberger 4005 Walford Rd. Swisher, IA. 52338		25.00	
04/05/08	ID# CK#	Dow Prouty 2515 Amber Dr. NE Cedar Rapids, In. 52402		10.00	
04/06/08	ID# CK#	Leo Majracek 12100 College St. SW Cedar Repid, IA. 52404		20.00	
	A		SUB-TOTAL	545.00	4

TOTAL (If last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the promittee. Retaining must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by manipular if summand of contributor is the same as candidate, but there is no tamilial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form CONTRIBUTIONS MONEY TAKEN IN	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization)		CHECK THIS BOX IF	
Rozinek for Supervisor			

3193625643

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUND RAISER INCOME
04/08/08	CK#	Craig Adamson 1000 LindaleDr. Marjon, IA. 52302		\$50,00	
04/08/08	ID# CK#	Shearon Elderkin 4081 Oak Valley Dr. Cedar Repids, In 52411		100.00	
04/08/08	ID# CK#	John Rozinek 2314 Big Berd Ed. ELy, IA. 52237	Spouse	200.00	
04/09/08	ID# CK#	James Greif 5409 Prawebung Rd. Monficello, IA. 52310		100.00	
04/16/08		Marilyn Platner 3578 Scotl Ad. Marion, In. 52302		50,00	
04/17/08	ID# CK#	Joanne Popelka. 2001 Big Bend Rd. ELY, IN 53227		100,00	
04/19/08	ID# CK#	Janet Herderson 6551 Old River Rd. ELY, IA 50027		200.06	
04/21/08	ID# CK#	B.D. Cooper 575 Aspen Ln. Robins In 52328		100.00	
04/21/08	ID# CK#	Ron Wittenberg 2818 Big Bend Rd. Ely, JA. 5227		50,00	
04/23/08	ID# CK#	Glenn Buresh 445 Japa Ad. ELy, IA 52227		100.00	
		TOTAL SHOW	SUB-TOTAL	\$ 1,050.	
		IOTAL (IT last p	age of this schedule)	1.	1

* Disclosure law requires candidate committees to disclose the relationship of any relative meking a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

For Instructions, See Back of Form Reset Form (Res

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as an Statement of Organization)

ROZINEK FOR Super VISOR

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	VIF FOR FUND- RAISER INCOME
D4/23/08	ID# CK#	Cindy Dvorak 4705 Indian Creek Rd. Marion, In 52302		\$ 15.00	
04/23/08	ID# CK#	John Hall 118 S. Monroe Lisbon, IA. 52253		20.00	
04/23/08	ID# CK#	Creg Hapgood 1180 F. Ave. Marion, JA. 52302		50.00	
04/23/08	ID# CK#	Shirky Ottmann 4869 Sutton Ld. Central City, IA. 52214		200,00	
04/23/08	10# CK#	Robert Toborg 15 Cottage Grove Woods SE Cedar Rapids In 52403		100.00	
04/23/08	ID# CK#	Sandy Winterouse 2525 State St. ELY, ID 52227		50.00	
14/24/08	ID# CK#	Wesley Buresh 542 Japan Al Ely, Ja 52227		100.00	
04/24/08	ID# CK#	Tyrane Vick 580 Lent Creek Dr. Marion IA 52302		100.00	
04/25/08	1D# CK#	Carol Andrie Ad. 6606 Andrie Ad. ELy, In 50207		30,00	
04/25/08	ID#	John Kucera 1444 Arrawhead All		50.00	
		Mt. Vernon, IA. 52314	SUB-TOTAL	\$ 715.	1

TOTAL (if last page of this schedule)

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^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

ROZINEK For Supervisor

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
,	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE KOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
04/25/08	ID# CK#	LISA Williams 123 Eastview Dr. NW Cedar Rapids, In 52405		\$20.00	
04/26/08	ID# CK#	Elaine Boes Soil Old River Rd. ELy. IA 52227		10.00	
04/26/08	ID# CK#	Sharlyn Dixon 6957 Old River Rd. Ely, In. 50227		200.00	
04/26/08	ID# CK#	Laura Henderson 2904 Big Berd Bl ELU In 52227		50,00	
04/26/08	ID# CK#	Kath Lew Pachera 927 Mosse Dr. NW Cedar Rapids In 52405		100.00	
04/26/08	ID# CK#	Josephine Rozinek 6449 Old River Rd. ELu JA 52227	mother- in-law	200.00	
04/26/08	ID# CK#	Ed Rozinek 6414 Old River Rd. Ely. In 5227	brother- in-law	200.00	
04/29/08	ID# CK#	Rose Carlo 6435 Old RiverAd. ELy, In 52227	Sister- in- law	100.00	
04/29/08	ID# CK#	Marcia Engel 4701 Honey Grove Rd ELy, In 52227		100.00	
04/29/08	ID# CK#	Mary Lundby P.D. Box 648 0		35.00	
		Marion In 52302	SUB-TOTAL	1005	<u> </u>

TOTAL (If last page of this schedule relative making a contribution to the

Page _____of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form Reset Form			MONETARY
CONTRIBUTIONS MONEY TAKEN IN		(Rev. 07/03)	RECEIPTS
(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM
Rozinek for Supervisor			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUND- RAISER INCOME
04/08	ID# CK#	Melanii Vislisel 1501 Vislisel Rd. Cedar Rapido, TA. 52403		\$ 25.00	
04/30/08	ID# CK#	Thomas Hartz 2606 Big Berd Rd. Ely, IA. 52227		75.00	
05/01/08	ID# CK#	Randy Balderston 3918 Sutton Rd. Central City, IA. 52214		75.00	
05/01/08	ID#	Gary Gallagher 419 W. Prairie Dr Foisfax In. 52228		25.00	
05/01/08	ID# CK#	T. Roxane Smith 2015-204 St. NW Cedar Rapids, IA. 52405		50.00	
05/01/08	ID#	John Rozinek 2314 Big Bend Rd. ELy, JA. 52227	Spouse	500.00	
05/03/08	ID# CK#	Verlee Andrle 6500 Andrk Rd. ELy, IA. 52227		10.00	
05/04/08	ID# CK#	Francis Sheely 5617 Vermont St. Sw Cedar Rapids, In. 52404		10.00	
05/05/08	ID# CK#	Del Block 3409 Riverpointe Circle NE Cedar Rapids, JA. 50411		25.00	
05/05/08	ID#	Kevin Rigdon 4500 Flom berry Rd. ELY, IA 52227		25,00	
			SUB-TOTAL	\$ 820.	

TOTAL (If last page of this schedule)

Page 6 of 8

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE

MONETARY RECEIPTS (Rev. 07/03)

CHECK THIS BOX IF **AMENDING FORM**

(including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization)

upervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

3193625643

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- FAISER INCOME
05/06/08	ID# CK#	Leonard Dolezal 7207-64 St. SW Cedar Rapids, IA. 52404		\$ 50.00	
05/06/08	ID# CK#	Daryl Hynek 1030 Swisher View Dr. Sw Swisher, JA. 52338		100.00	
05/06/08	ID# CK#	Scott Olson 6467 Quail Ridge Dr. Sw Cedar Rapids, IA. Sayof		50,00	
05/06/08	ID#	Pat Rohlera 2833 Walford Rd. Swisher JA. 52338		20.00	
05/06/08	ID#	Robert Worley 3300 Pinney Woods LN. SE Cedar Rapids In 52403		25.00	
05/08/08	ID# CK#	Charles Hite 2753 Arabian Rd. Alburnett, IA. 52202		50.00	
05/08/08	ID# CK#	Lee Liv 3086 Loggerhead Rd. Codar Rapids Ia. 52411		100.00	
05/08/08	ID# CK#	Wallace Taylor 2000 S. 31st St. Marion TA 52302		30,00	
05/08/08	ID# CK#	Mary A. Tierney 603 Rockhurst Dd. Sw Cedar Rapids IA. 52404		100.00	
05/08/08	ID#	Thomas Vavra 682 Palisades Access Rd. ELy, FA 52227		200,00	
	· , , , , , , , , , , , , , , , , , , ,		SUB-TOTAL	725	T T

TOTAL (if last page of this schedule)

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Supervisor

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

TO: 15152814073

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE 10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
05/09/08	ID#	June Cach 4914 Old River Rd. ELy, IA 52227		\$50,00	
05/09/08	ID# CK#	Kathryn Cleasby 385 Freeseway Dr. Robins IA 52328		200,00	
05/09/08	ID# CK#	Myrna Krivanek 4231 Briar Ridge Ch Ely, IA 52227		20.00	
05/09/08	ID# CK#	Fugere Vislisel 141-36 # Am Su Cedar Repids In 50404		50.00	
05/10/08	ID# CK#	Donald Hoskins 2390-14 Ame. Marion In 52302		100.00	
05/11/08	ID# CK#	Mohamed Igram 360 Parkland Dr. SE Cedar Rapids, In. 50403		50.00	
05/11/08		JLA Robks 3093 C Am Ext. Marjon, TA. 52302		25.00	
05/11/08	ID#	Jean Stoner 361-12# Aug. 5-Unit 8 Mt. Vernon, In 52314		50,00	
05/13/08	ID# CK#	Wes Cerveny 1904 Clyb Rd. NE Cedar Rapids, IA. 52404		50.00	
05/13/08	ID# CK#	Marilyh Andersen 520 Main St. Center Bint, IA. 522/3		25.00	
			SUB-TOTAL	1020	

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

R MONETARY (Rev. 07/03) EXPENDITURES CHECK THIS BOX IF

SCHEDULE

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) Rozinek Supervisor tor AMOUNT PURPOSE NAME AND ADDRESS TO WHOM EXPENDED (DESCRIBE TRANSACTION) **EXPENDITURE** ID NUMBER DATE (Disbursement) WAS MADE EXPENDED (If applicable) AND PAC (MM/DD/YR) CHECK NUMBER Linn County Treasurer 930-14 St. SW ID# map \$ 7.00 CK# Cedar Rapids. In 52404 SAPADAPA ID# entry tee. 25,00 St. Patricks Day Parade P.O. BOX 2771 CK# Cedar Rapids, In 52406 ID# Banacom Signs down payment on 100.00 725 N Center Bint Rd. Hiawethe, IA. 52233 Brent Harstad 29.00 3525 Midway Pd. CK# toddville, IA 52341 ID# Linn County Treasurer 30.00 930-10t.St. SW CK# Order Rapids, In. 52404 Walmart ID# 24.82 3601-29 Aur. SW Ceder Ropids, In 52404 CK# Banacom Signs Balance or banner + 126.84 125 N. Center Point Rd. Magnets Hawathe, IA. 50233 Barnyard Screen Printers T- Shirts 158.00 106 S. Jackson St. CK# Lishon, IA. 52253 SUB-TOTAL \$ 500,66

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset	Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
		CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) Day of Supervisor

DATE ID NUMBER (If applicable) (MM/DD/R) AND PAC CHECK NUMBER Or Date (Disbursement) WAS MADE CHECK NUMBER Or Date (Disbursement) WAS MADE	NULI	nek to		DUODOSE	AMOUNT
CK# Ceder Rapids, ID SOLON CK# Ck# Cleder Rapids, ID SOLON CK# Factory (and Outlet posser board for Signs CK# Factory (and Outlet posser board for Signs CK# Factory (and Outlet posser board for Signs CK# Marion, ID SOLON CK# Marion, ID SOLON CK#	EXPENDED	ID NUMBER (If applicable) AND PAC CHECK	(Disbursement) WAS MADE		
CK#	03/19/08	ID#	309-56 Ave SE		\$ 188.68
103/20/08 CK# Factory (and Ortlet parade decorations 9,5) 103/20/08 CK# Factory (and Ortlet parade decorations 9,5) 104	23/19/08		Welmart 3601-29th Ave Sw Coder Rapids, In 52404	Candy for parade + poster board for signs	
15th Kuzela 2750 Ridgeview Way Marion, In 52302 15th Kuzela 2750 Ridgeview Way Maxion, In 52302 15th Kuzela 2750 Ridgeview Way Stamps 1520-65th St. Sw Ceder Rapids, In 52404 1540 Stamps 1520-65th Sw Ceder Rapids, In 52404 15th Kuzela 2750 Ridgeview Way Mexion, In 52302 15th Voter CD + envelopes 25th Sw Website annual fee	03/20/08	ID# CK#	Factory Card Outlet	parade decorations	
03/05/08 CK# 2750 Ridgeviewliby Stamps 04/01/08 CK# Ly Vee Drugstore 1520-655. St. Sw. Ceder Repids, IA 52404 D4/03/08 CK# Loss Very Ld. ELy. IA 52227 D4/04/08 CK# Lish Kuzela 04/04/08 CK# 2750 Ridgeviewlibay Maiow, IA 52302	03/20/08	ID#	Lisa Kuzela 2750 Ridgeview Way		35.83
04/01/08 CK# Ly Vee Drugstore Stamps 41.00 1520-64. St. SW Ceder Repids, IA 52404 D4/03/08 CK# Jan Henderson reimbursement for 6551 Old River Rd. Website annual fee ELy. IA 52227 O4/04/08 CK# 2750 Ridgeriee Way Maiow, IA 52302	03/25/08	ID# CK#	Lish Kuzela. 2750 Ridgeview Way Marion, IA 52302	reimbursement for Stamps	82.00
D4/03/08 CK# Jan Henderson reimbursement for 6551 Old River Rd. website annual fee 94,50 ELy. IA 52227 O4/04/08 CK# D750 Ridgeriew Way Maiow, IA 52302		СК#	Hy Vee Drugstore 1520-65. H. SW	Stamps	41.00
04/04/08 CK# Lish Kuzela Voter CD + envelopes 25.64 Nacion, In 52302	04/03/08		Jan Henderson 6551 Old River Rd.		94.50
	04/04/08	ID# CK#	Lish Kuzela 2750 Ridgeview Way		

3193625643

TOTAL (if last page of this schedule) \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS,	SEE BACK OF	FORM
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Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

\wedge		same as on Statement of Organization) Or Supervisor		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	Or DEPERVISOR NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/11/08	ID# CK#	Adcraft Printing 309-5th Aug SE Cedar Rapids, IA. 52401	Cowboy Cards	\$ 188.68
04/18/08	ID#	Hy Vee Drugstore 1520-6# St. SW Cedar Rapids, IA 52404	Stamps	41.00
05/01/08	ID# CK#	Adcraft Printing 309-54 Au SE Cedar Rapids, IA 52401	postcards	410.22.
05/02/08	ID#	Hy Vee Drugstore 1520-64 St. Sw Ceder Repids, In 52404	Stamps	82.00
05/03/08	ID# CK#	Reem Consulting-Kim Ream 4862 Foxtail Court Marian To 52302	•	250,00
05/03/08	ID# CK#	Reem Consulting Kim Re 4862 Foxtail Court Marian, JA 52302	n printing + materials for fund raising letter	39.20
05/03/08	ID# CK#	Reem Consulting-Kim Reem 4862 Fuxtail Court Marion, JA 52302	Stamps for Mailing	118.90
05/03/08	ID# CK#	Reem Consulting-Kimber 4862 Foxtail Court- Marian, Ip 52302	em Absenke Ballot Reports from Auditor	13.00
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 1,143.00 \$

THIS BOX APPLIES	TO CANDIDATES'	COMMITTEES	ONLY:

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail iternized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE	E NAME (Must be a	same as on Statement of Organization)		
Rozi	nek for	Supervisor		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (<i>Disbursement</i>) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED
	ID#	Hy Yee	Stamos	C2 00
05/03/08	CK#	20 Wilson Hue SW Cedar Rapids IA 52404	Stamps	\$ 52.00
/ 1	ID#	U.S. Post Office	Stamps	78.00
05/06/08		3800 Highway 15/ Marion IA 52302		
1 ,	ID#	Adcraft Printing	Cow boy cards	188.68
05/04/08 03/04/08	CK#	309-54 Ave SE Cedar Rapids, In 52401		
, ,	ID#	Guaranty Bank	Check order	16.85
03/04/08	CK#	302-34 Ave SE Cedar Repids, IA 50403		70.00
	ID#			ľ
	CK#			
	ID#			1
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			

TOTAL (if last page of this schedule)

SUB-TOTAL

* 335.53 *2.485.07

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail iternized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lowa Code 68A.402(3)(i).)

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COD INSTRUCT	TIONS, SEE BACK OF FORM			SCHEDULE	
	NAME (Must be same as on Statement of Organiza	tion)		(Rev. 06/97) C	IN-KIND ONTRIBUTIONS
RO	ozinek for Superv	isor	Reset Form	CHECK T	HIS BOX IF G FORM
				ESTIMATED	√ IF FOR
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION
01/29/08	Jon Read 1800-42 St. NE Ceder Rapids, IA 52400		photo of Candidate for Campaign	80,00	
03/20/08	Rornite Rozinek	self	paper, ink, envelopes	70.00	
04/11/08	11 0	Spouse	250-12"x24" yard signs + wires	519.75	
04/18/08	ti Davinak	Spouse	25-2'x4' yard signs	336.84	
03/10/08	Anthony Mueller		establish website	100.00	
04/07/08	Mike Cahalen		website work	200.00	
05/01/08	Ed Mulholland		Envelopes	32,84	
		,	SUB-TOTAL	1,339,42	
			TOTAL (if last	and the second s	1
			page of this schedule)	1,339.43	

*Disclosure law requires candidates to disclose the relationship of any retative making an in kind contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule E)

	BACK OF FORM	RESET	SCHEDULE F	LOANS
MITTEE NAME (Must b	oe same as on Statement of Organization)		(Rev. 02/08)	& REPAIL
Rozinek	for Supervisor		CHECK	THIS BOX
E: This schedule repor	ts money loaned to the committee which is deposited in	the committee account.	AMENDI	NG FORM
	ROM <u>LAST</u> REPORTING PERIOD \$			
	ANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party k	s involved. Include loans from	candidate's personal	funds.)
DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP CANDIDATE (If Appl	TO AMOUNT	OF LOAN
RECEIVED (MM/DD/YR)	(include Endorser's Name, if Applicable)	CANDIDATE (177)		
02/21/08 B	ernita D. Kozinek 314 Big Bend Rd. Ly, JA. 50207	Self	1,000	0.
	OAN DEDAYSENTE MADE THE DEDOBTING DED	TOTAL (PART I)	\$ 1,00	00
(Loans forgive	LOAN REPAYMENTS MADE THIS REPORTING PER in must be reported on Schedule E — In-kind Contribution	IOD		OO.
ART II - MONETARY (Loens forgive DATE PAID (MM/DD/YR)	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PER In must be reported on Schedule E — In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	iOD ons.)	TO AMOUN	
(Loans forgive	n must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENGER	IOD ons.)	TO AMOUN	
(Loans forgive	n must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENGER	IOD ons.)	TO AMOUN	
(Loans forgive	n must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENGER	IOD ons.)	TO AMOUN	
(Loans forgive	n must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENGER	IOD ons.)	TO AMOUN	
(Loans forgive	n must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENGER	IOD ons.)	TO AMOUN	
(Loans forgive	n must be reported on Schedule E — In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	IOD ons.)	PTO AMOUN \$	T REPAID
(Loans forgive	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL C	RELATIONSHIP CANDIDATE* (If Ap	STO AMOUN plicable) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	T REPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL C	RELATIONSHIP CANDIDATE* (IF AP CASH REPAYMENTS (PART II) TOTAL LOANS FORGIVEN ANS END OF REPORT PERIOR	STO AMOUN plicable) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	T REPAID